

COUNSELOR COMMUNIQUE

VOL. 14 NO. 3

Missouri Substance Abuse Counselors' Certification Board, Inc.

July 2003

The Recovering Counselor: Are you counseling your patients or fellowshipping?

By Leon Dickerson, Ph.D.

Those recovering counselors working in alcohol and substance abuse programs who have had little or no formal education in chemical dependence and use as their primary counseling style personal recovering experiences and stories are now feeling stress and pressure presented by so-called "new addicts" or patients and their agencies to obtain more training and education to confront clinical situations presented by patients coming in for treatment today.

With the advent of the cocaine/crack epidemic, which has been with us since 1986, and the increased use of methamphetamine (known on the streets as "ice"), our patients are more dually addicted than ever before. Cocaine/crack addicts, in their attempts to offset and avoid intense feelings of depression and cocaine craving, are now becoming addicted to heroin, which they use when their supply is depleted or they wish to discontinue cocaine use for a while.

Traditional approaches to these new forms of addiction, which are impacting all levels of society, must be reviewed and reevaluated. Insurance companies that pay for patient treatment are insisting on regular, detailed progress reports and patient case documentation. Therefore, today's counselors have to rely on bonafide treatment skills to satisfy both patient needs and agency demands.

On Nov. 1, 1989, Ross Robak, Ph.D., of Pace University in New York, published an open letter to program directors indicating strong interest in substance abuse in American society. Dr. Robak stated that the Psychology Department at Pace University is in the process of designing a master's degree program that would lead to certification in the field of counseling. This widely circulated letter also is calling for input and recommendations from counselors and agencies in the field. Although we must applaud these major universities for their recognition and contributions to the field of chemical dependence, we also must be alert in informing our recovering friends and fellow employees about the implications of master's degree programs that ultimately will change the staffing process in alcohol and drug programs.

No law requires those who have obtained sobriety and completed a program of recovery to become counselors in the field of alcoholism and drug addiction. Many men and women, impressed by the tremendous efforts they undertake to obtain sobriety and by alcoholism and drug addiction treatment, choose to become counselors and work in the field of chemical dependence. Finding the road to recovery is indeed an experience that will have a lasting effect on the lives of recovering people. However, becoming trained, credentialed clinicians in the field of alcohol and substance abuse does not automatically run parallel to the road of recovery.

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Spring Training Institute Update

Approximately 800 professionals from the field of substance abuse and mental health treatment, developmental disabilities, vocational rehabilitation, corrections, probation and parole, youth services, education, and other human service organizations participated in the Department of Mental Health's Spring Training Institute on May 28-30. Keynote speakers included **Stuart Perry**, a nationally known mental health advocate; **Peter Bell**, expert in cultural competency; and **T. Marni Vos**, who delivered an inspirational and motivational closing address.

This year's conference included nine tracks—opioid treatment; trauma; co-occurring disorders; prevention and early intervention; hot topics; full community membership; children and youth; services and supports for special populations; and, criminal justice/other areas of interest. The primary purpose of the Institute is to provide affordable continuing professional education to those of you who work directly with Department of Mental Health consumers and their families along with other persons with mental illness, substance abuse disorders, or developmental disabilities that are served by our partnering State agencies. The Institute is self-supporting with the total cost covered by registration fees, exhibitor fees, and educational grants. The 2004 Spring Training Institute is tentatively scheduled for the 3rd week of May 2004.

www.dmh.missouri.gov/sti03/index.htm

Newly Credentialed

RASAC I

Lyle Leatherman	Kenneth Crafton
Josephine Hicks	Una Bennett
MaryJane Winslow Quillen	Kiana Corin Sanders
Mitchel Fryer	Michelle Watson
Carmen Winkler	Bobby Crowder
Loyd Gilbert, Jr.	Donald Morrill
Jacquelyn Williams	Brigitte Hamilton
Dadisi Crayton	Ann Bockman
Tena Callahan	Brian Emert
Sarah Mat thews	Cindy Miller
Dawn Stewart	Sandra Howard
Charlotte Crider	Deborah Swinford
Doris Venerable	Daniel McLerran
Karen Hensley	Theresa Russell
Cheryl Braun	Nicole Foti

RASAC II

Marion Mason	Vicki Salsbury
Jeffrey Pettijohn	Jerry Quick
Sharon Tribble	Kathleen Davis
Karen Haffner	Jane Hammond
Ronnie Studie	Bryon Johnson
Kevin Wolf	Robert VanPelt
Jessie Parker	Steven Taylor
Brenda Schrum	Elliot Evans
Holly Hintz	Larry Johnson
Patricia Grosberg	

CSAC's

EK Bruhn	Brenda Bryan
Callie Granthum	Mary Lin-Lampe
Anita Meehan	Matthew Meinen
Robert Brown	Lori Eck
Eleanor Ward	Callie Granthum
Rita Powell	Joseph Tobin
Richard Strait	

CASAC's

Myra Meadows	Patrick Stack
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CSAC's/CASAC's by Reciprocity

Cathy Farr	Nancy Garvey
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IC&RC Written and CPM Test Dates

CSAPP/CSAC/CASAC Exams

2003

Written Test: December 13, 2003
(Application Deadline: August 4, 2003)

CPM: September 13, 2003

2004

Written Test: June 12, 2004
(Application Deadline: February 4, 2004)

December 11, 2004
(Application Deadline August 4, 2004)

CPM: April 17, 2004
September 11, 2004

AODA Practice Exam

A practice test is now available online for candidates preparing for the AODA counselor written examination through the IC&RC. The test is designed to aid individuals preparing for the credentialing examination. It is built to the same specifications as the actual examination and helps familiarize people with the format of the test and the types of questions that will appear. Scores are immediately available, and the test may provide diagnostic feedback to assess a candidate's strengths or weaknesses. The cost of the practice exam is \$35.00 and can be accessed by visiting the website for:

CASTLE Worldwide, Inc.,
www.castlelearning.com

Board Accepting Nominations for Fall Elections

The term of office for Southwestern Region Representative and the Northwestern Region Representative will expire on December 31, 2003. Letters will be sent to the certified counselors in those regions in September 2003, asking for nominations from the regions. Nominations must be in written form and no more than 100 words. The deadline for nominating individuals or self-nomination will be September 30, 2003.

Ballots will be sent to all certified counselors on or about October 5, 2003. Ballots are due back in the Certification Board office by October 31, 2003. The election results will be tallied. The newly elected representatives will be invited to attend the November 2003 Board meeting. Also, a short biography of the individuals will be featured in the January 2004 issue of the *Counselor Communique*.

Duties of the Regional Representatives include:

- Attend six (6) Board of Directors meetings each year.
- Sit on Ethics Hearing Panel as needed (Hearing held the day prior to regularly scheduled Board meetings)
- Chairing the Credentials Committee in their respective region.
- Acting as a liaison between the counselors in their region and the MSACCB.
- Willing to sit on or chair various MSACCB Committees.
- Willing to hold an elected office on the Board of Directors.

Have You Moved Recently?

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ (Home) _____ (Work)

Place of Employment: _____

E-mail Address: _____

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MSACCB

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Jefferson City, MO 65102-1250

or email address change via our web page:

www.modmh.state.mo.us/msaccb

Once patients in a treatment facility discover recovering counselors, they applaud those persons and, if allowed, will put them on high pedestals. Recovering counselors suddenly become “saviors”; the best counselors in their agencies. These counselors become superstars in the eyes of their patients. The message from these untrained counselors to patient populations is, “We’ve been there--we understand.” As emotional patients stand before their communities during the final day or discharge ceremonies, they look in the direction of recovering counselors and, often with tears in their eyes, praise them for being so special during their treatment. “If it wasn’t for you,” they say, “I don’t think I would have completed treatment.” The fact is that many of these counselors, in their often brief careers, see many patients they have “treated” relapse and return to their drug of choice.

Recovering counselors who over identify and needlessly self-disclose as a *treatment style* are often baffled and puzzled over the sudden relapse of the sudden relapse of patients who have come under their care. Without proper training, recovering counselors cannot make the proper distinction between alcoholism counseling and fellowshiping.

There is absolutely nothing wrong with fellowshiping. However, it must take place under favorable conditions in settings designated for meetings in which the philosophy of Alcoholics Anonymous, Narcotics Anonymous, and Cocaine Anonymous, etc., can be practiced without external interruption. Fellowshiping and counseling are similar in nature, but are applied quite differently.

The spiritual (not religious) aspect of human relationships in AA meetings is a powerful force that paves the way for miraculous events to take place, one being sobriety. This divine reality is translated to us in one of AA’s position statements that says, “The only requirement for membership is a desire to stop drinking and help other alcoholics to achieve sobriety.”

Counseling takes on a different perspective. Here, trained individuals are relating to other human beings in a scientific, prescribed manner. The counselor/patient relationship has special boundaries and limitations attached to it. Parties involved, for the sake of program, counselor, and patient goals, are not allowed certain liberties often found in relationships based on love and/or friendship, and when clinicians delve into these areas with patients for personal gain, the process of chemical dependence treatment has stopped. The counselor/patient relationship has become unhealthy and now includes elements that can prove disastrous for patients and recovering counselors.

In many instances, recovering counselors are “caught up” in the illusion that their own personal experiences and recovering stories (as they are appropriately shared at fellowship meetings) are sufficient in the treatment agency that employs them. They find it impossible to keep the focus away from themselves. They are seen hugging their patients and crying with them (over-identification) in the halls and corridors of treatment centers. Unfortunately, these recovering counselors soon burn out, resign from their positions (usually out of anger), or are dismissed from duty due to relapse, or due to sexual or other forbidden encounters with their patients.

In conclusion, recovering people entering the field of addiction counseling have two major responsibilities:

1. To maintain their own sobriety by working the recovery program of choice and;
2. To obtain skills, training, and credentials in the field, realizing and understanding that personal recovery from chemicals is not a precondition or prerequisite for becoming a counselor.

This article, written by Leon Dickerson, Ph.D., appeared in the May/June 1990 issue of Professional Counselor, and is re-printed with permission by Leon Dickerson, Ph.D. Dr. Leon Dickerson’s work and training experience includes over 20 years in the field of addiction and psychiatric disorders associated with addiction. This includes chemical dependency treatment with individuals, families, mentally ill chemical abusers (MICA’s), and the homeless. Dr. Dickerson has taught substance abuse course on the graduate level at Fordham University in the capacity of adjunct assistant professor. He has facilitated numerous workshops in America and abroad on chemical dependency. He has published articles in commercial and professional magazines. He is currently employed at Bridge Back To Life Center, Inc., a leading chemical dependency agency in New York.

IC&RC Board of Directors Endorses TAP #21 Resolution (News Release)

Falls Church, VA—In an effort to further support standardized training and education standards for substance abuse counselors, the International Certification & Reciprocity Consortium/Alcohol and Other Drug Abuse (IC&RC) Board of Directors voted unanimously to encourage the continued development and integration of the Technical Assistance Publication (TAP) #21 into its certification requirements.

The Tap #21 entitled, “Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice,” was developed in 1996 as a result of the work of the National Steering Committee on Addiction Counselor Standards organized by the Substance Abuse and mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT). The committee included representatives from IC&RC, the International Coalition of Addiction Study Educators (INCASE), the National Association of Alcoholism and Drug Abuse Counselors (NAADAC), CSAT, and the American Academy of Health Care Providers in the Addictive Disorders.

“The primary focus of IC&RC has always been the development of standards, exams and quality certification for addiction professionals,” said Jim Scarborough, IC&RC President. “Our organization has also worked diligently to promote uniform standards by requiring every board affiliated with IC&RC recognize a minimum level for reciprocity.”

IC&RC includes 70 certifying agencies representing more than 35,000 certified professionals. IC&RC member boards are currently located in 41 states, the District of Columbia and 11 countries outside the United States. Member boards also include the U.S. Army, U.S. Air Force, U.S. Navy, the U.S. Marine Corps and several Indian Health Services.

“IC&RC has been successful in bringing certifying boards in the United States and abroad together to establish minimum standards for five certifications,” said Neal McGarry, former IC&RC President, who served on the initial Steering Committee. “In order to help recruit individuals into the addictions field, the resolution will ensure the incorporation of the TAP #21 principles into IC&RC certification requirements and provide a meaningful link between credentialing and education and training systems.”

There are currently five reciprocal certifications offered through IC&RC including Alcohol and Drug Counselor, Advanced Alcohol and Drug Counselor, Certified Clinical Supervisor, Criminal Justice Addictions Professional and Certified Prevention Specialist.

Incorporated in 1981, IC&RC is a not-for-profit voluntary membership organization comprised of certifying agencies involved in credentialing alcohol and drug counselors and prevention specialist.

View more information at: www.icrcaoda.org

October 31, 2003, Renewal

Renewal materials for the October 31, 2003, renewal cycle for RASAC II's, CSAPP's, and CSAC I & II's and CASAC's will be mailed during the month of September 2003. Renewal materials must be postmarked by October 31, 2003. A 30 day grace period is available through November 30, 2003, with payment of an additional \$75.00 late fee. Renewal materials postmarked after November 30, 2003, will result in an expired credential. If your address has changed and you have not notified the Board office, please do so immediately.

Should you lose or misplace your renewal packet there is a \$25.00 replacement fee. You may request an additional renewal packet by phone or fax and the additional charge will be listed on the renewal packet form for you to pay when you submit your renewal fee.

If you are a RASAC II in the process of upgrading to any certified level, please read this notice carefully.

There has been some confusion in the past regarding your credential while in the upgrading process. If you do not renew your RASAC II while in the upgrade process, your credential will expire. This is entirely up to you. If you need to maintain your credential while in the upgrade process, then you will want to pay the renewal fee and complete the materials.

If you are sitting for the CPM on 9/13/03, please be advised that pass/fail notices will be sent to you before the renewal deadline of 10/31/03. If you pass the CPM on that date, obviously you will not want to renew your RASAC II. If you fail the CPM on that date, you will probably want to renew your RASAC II credential as you will not retest until 4/17/04.

If you are scheduled to sit for the IC&RC/AODA written examination on 12/13/03 and fail the exam and have not renewed your RASAC II, you will be without a credential from that time until you retest in June 2004. Also, should you pass the written exam in June 2004, you have to wait until September 2004 to sit for the CPM.

RASAC II renewal fee	\$75.00
CSAC/CASAC/CSAPP renewal fee	\$190.00
Late fee	\$75.00
Replacement Packet fee	\$25.00

The following sources are examples of continuing education that might be used:

alcohol/drug continuing education programs;
in-service education programs or professional presentations;
college/ university coursework;
workshops, seminars, and conferences;
preapproved homestudy coursework; (Laban's and Westbrook University are the only preapproved homestudy providers at this time) and/or
preapproved Internet coursework (DLCAS and Breining Institute are the only preapproved providers at this time)

If you need further clarification, please call the Certification Board office.

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SAP Qualification Training

2 Day Training Event

September 15 & 16

Holiday Inn Northeast / Kansas City, Missouri

This two day qualification training course is designed to provide participants with a comprehensive understanding of the DOT's revised alcohol and drug testing procedures and to clearly define the role and responsibilities of the substance abuse professional (SAP). The training includes the nine (9) domains of education required by the DOT in order to initially qualify or maintain qualification as a SAP. The workshop is designed to prepare the individual for the IC&RC DOT / SAP qualification written examination.

Registration Fee: \$295.00

includes: Training Manual and Study Guide

Continental Breakfast / Refreshments

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Professional Training Center, Inc.

for registration information contact us at

810 984 3400

or visit our Website

www.professionaltrainingcenter.com

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Substance Abuse and Older Adults
Three Theories of Counseling: Psychoanalytic, Cognitive & Reality Approaches

Motivational Counseling

Brief Interventions in Chemical Dependency

Dual Diagnosis: Mood Disorders

10 hour course – \$75 –NEW

Case Management Issues

8 hour courses – \$65 each

Mental Status Assessment in Addiction Settings

Health Issues for Addiction Setting Employees

Understanding Withdrawal & Detoxification

Drugs of Abuse

Adolescent Treatment Issues

7 hour courses – \$60 each

Criteria Based Documentation

Group Counseling: Process & Techniques

6 hour courses- \$50 each

21st Century Ethics in Counseling

Clinical Supervision Principles, Techniques & Methods

Values Driven Addiction Supervision

Defense Mechanisms/Coping Strategies

Addiction Based Treatment Planning

HIV/AIDS Training

The AIDS Rollercoaster: Counseling the HIV Client

Ethics Training

Dual Diagnosis-Assessment Issues

Aspirational Ethics

Cultural Diversity in Counseling

NEW- 6 hour courses – \$50 each

Cognitive-behavioral Treatment of Cocaine Addiction

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